

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without a Lawyer) or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
 MARICOPA COUNTY**

Regarding the Matter of _____

(Name)

Case Number: PB _____

**AFFIDAVIT SHOWING CIRCUMSTANCES
 WHY NOTICE BY PUBLICATION WAS USED
 AND ABOUT THE PUBLICATION**

1. I am the Petitioner or Applicant and make this Affidavit to show the circumstances why notice by publication was used, and to show how service by publication was done.
2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:
Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship of Person to this Case: _____
Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship of Person to this Case: _____
Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship of Person to this Case: _____
Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship of Person to this Case: _____

Case No. _____

2. I made a diligent search to find out the residence and whereabouts of the people entitled to notice, but the search has failed to reveal any information concerning their residence or whereabouts.
3. I contacted the persons listed below to find out the location of the following people entitled to notice:

Name of Person I am Looking for: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

Name of Person I am Looking for: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

Name of Person I am Looking for: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

Name of Person I am Looking for: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

4. ☐ NOTICE OF HEARING or ☐ NOTICE TO CREDITORS was published in a newspaper in this County on the following dates.

A. ____ / ____ / ____,

B. ____ / ____ / ____,

C. ____ / ____ / ____.

5. I have read this statement and know of my own knowledge that the facts stated herein are true and correct.

Petitioner's Signature

SUBSCRIBED AND SWORN to before me this date: _____, by _____
(Month/Day/Year)

Notary Public/Deputy Clerk

My Commission expires: